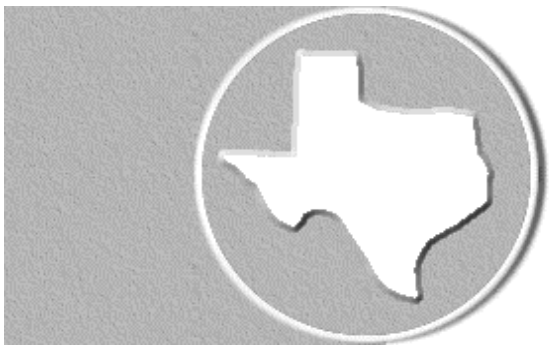

TEXAS
STATE
STRATEGIC
HEALTH
PARTNERSHIP

# REPORT GUIDANCE FOR PARTNERSHIP WORKGROUPS

APRIL 2003

FOR THE LATEST INFORMATION ABOUT THE PARTNERSHIP, VISIT THE WEBSITE:
HTTP://WWW.TDH.STATE.TX.US/SSHP.HTM

TEXAS STATE STRATEGIC HEALTH PARTNERSHIP

# GENERAL GUIDANCE ABOUT DRAFTING WORKGROUP REPORTS

**STEERING COMMITTEE CHARGE TO WORKGROUPS:**
Each workgroup is expected to submit a report with recommendations for how best to achieve the goal by 2010 to the Public Health Improvement Steering Committee in September 2003. The report should include background information and a plan for how to achieve the goal. The background information should include an evidence-based description of the issue and consideration of the strengths, weaknesses, opportunities and threats relevant to the issue. The plan for achieving the goal should include:

- Relevant outcome objectives (expected changes in the problem that the goal identifies, such as increased immunization rate or flexibility of public health funding) for each goal, reflecting the complexity of factors inherent in each goal;
- Relevant process objectives (expected changes in interventions/best practices) to achieve each goal; and
- Recommended strategies for organizing interventions (an implementation plan).
- A listing of partner groups and committed partners for tasks and activities.

**THE WORKGROUP REPORT SHOULD RECOMMEND A *LONG-TERM* STRATEGY FOR HOW TO ACHIEVE THE GOAL *BY 2010*.**

Generally speaking, workgroup reports should:

- Propose several options of appropriate strategies to achieve the goal for the steering committee to consider,
- Estimate for each option how much progress can be made toward achieving each goal (either percent change in a health status indicator or by delineation of process milestones by 2010).
- Describe resources (including funding estimates) necessary to implement interventions and activities for each option,
- Propose the appropriate methods to monitor and evaluate the outcomes,
- Identify responsible partners for tasks and activities.

Reports will have two basic components:

1. Define the problem
   - Provide an evidence-based description of the issue voiced by the goal statement.
2. Suggest the solution(s)
   - Describe two or three options that layout possible paths toward achieving the goal.
   - Recommend the next right steps on each path toward achieving the goal.
   - Identify steps that can make the greatest impact in a short period of time for each option.

Note: The reports submitted in September 2003 do not have to be comprehensive plans for all activities necessary to achieve the goal; neither do they have to define all critical concepts relevant to the goal. **Rather, the workgroup should identify the best possible options, identify the next right steps, and identify the concepts that need clarification at this point in time.** Further development of the implementation plans for each goal will be part of the next steps taken by the Steering Committee.

## EACH WORKGROUP IS STARTING AT A DIFFERENT PLACE IN PLANNING TO ACHIEVE ITS GOAL BY 2010.

Stages of readiness:

- some workgroups are in the earliest **formative stage** (think capacity building);
- some are ready to **design interventions** focused on specific outcomes;
- some are ready to **implement interventions** focused on specific outcomes;
- some can move directly to **resource development** to ensure adequate funds for proven interventions;
- some may be ready **to take action to bring about a culture of health in Texas**; and
- some may be ready to propose **legislative or policy changes**.

All workgroups should assess where the public health system is in terms of the kinds of change they are ready to recommend. Working from the most appropriate starting point will maximize the chances of successfully achieving the goal.

- All workgroups should identify an appropriate "baseline" from which they can measure progress toward achieving their goal.
    - Example of an outcome objective baseline: In 2002, the prevalence of HIV infection among women will be X.X per 100,000 women in Texas.
    - Example of a process objective baseline: In 2002, X percent of children ages 19-35 months completed the 4:3:1 series of vaccines according to the National Immunization Survey.
- Workgroups should also identify a measurable objective (or endpoint) for their goal in 2010; and, with that baseline in mind, identify strategies to close the gap between the baseline and the ideal endpoint in 2010.

## CONSIDER MULTIPLE LEVELS OF THE PUBLIC HEALTH SYSTEM AS PLANS TO ACHIEVE THE GOAL ARE DEVELOPED.[1]

Public health improvements can be achieved at multiple levels. In addition, improvements can be made by integration of and interaction across multiple levels. Each workgroup should consider these multiple levels in defining the path to successfully achieving the goals.

[1] Adapted from Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity, Nutrition and Physical Activity Workgroup, Susanne Gregory, Editor.

- Individual level – characteristics of the individual that affect behavior change;
- Interpersonal level – social processes and groups that affect behavior such as family, friends, and peers;
- Institutional level – rules, regulations, policies, and informal structures that constrain or promote behavior change;
- Community level – social networks and standards that exist formally or informally among individuals, groups, and organizations; and
- Public policy level – local, state, and federal policies and laws that regulate or support healthy choices.

**WORKGROUPS SHOULD IDENTIFY MEASURABLE OBJECTIVES FOR THE GOAL.**

In order to demonstrate progress toward achieving the 12 goals, each workgroup must identify measurable outcomes for their goal. The nature of the outcome will differ depending on the goal.

- Outcome objectives focus on health status changes; these will only be used by the first six workgroups on Goals A – F, as these are the goals focused on health status change.
- Workgroups G – L should not try to identify outcome objectives (i.e., changes in health status), however, their recommendations should definitely be results-oriented. By focusing on process objectives, these workgroups will identify measurable or documentable changes in the system that will demonstrate the achievement of their goals.
- Regardless of where groups are in terms of readiness, all workgroups can identify process objectives to demonstrate progress toward achieving their goal.

The two kinds of measurable objectives to keep in mind are:

- Outcome Objectives - a statement of the amount of change expected for a given health problem/condition for a specified population within a given time frame.
  *Examples of Outcome Objectives*:
  - Through 2010, no more than X (number) cases of tuberculosis will be reported in Texas.
  - By the end 2010, the prevalence of HIV infection among women will not exceed X.X per 100,000 women in Texas.

- Process Objectives – a statement that measures the amount of change expected in the performance and utilization of interventions that impact the health outcome.

  *Examples of Process Objectives*:
  - By the end of 2010, X percent of children ages 19-35 months will have completed the 4:3:1 series of vaccines according to the National Immunization Survey.
  - By the end of 2010, X percent of pregnant women will have received prenatal care in the first trimester.

*Examples of Process Objectives for System Improvement Goals:*

- By 2010, develop a data collection system to assess the immunization rate at the county level in all 254 counties in Texas.
- By 2010, increase the proportion county or municipal public health agencies that provide or assure comprehensive epidemiology services to support essential public health services by X percent.

**Workgroups should consider health disparities relative to the topic of their goal.**

At the October 1 and 2, 2002 meetings, the health status subcommittee determined that addressing cultural competencies and health disparities should be considered underlying principles in looking at all health status goals. Therefore, as the workgroups develop background material and articulate initial plans for achieving their goal, they should consider current and expected health disparities relevant to the issue voiced in their goal.

TEXAS STATE STRATEGIC HEALTH PARTNERSHIP

## OUTLINE OF THE FINAL REPORT

Each partnership workgroup report should follow this general outline.

I. Executive Summary (one page)

**Define the Problem**

II. What are the dimensions of the problem[2]? (5 pages maximum)

A. Begin by reviewing the sub-committee reports from the discussions on October 1 and 2, 2002 as well as the rationale for your goal in The Declaration for Health.

B. Provide an evidence-based description of the issue voiced by the goal statement. Address the following questions as you define the problem:

- What are the compelling public health reasons for people to be concerned about the problem?
- How can the problem be documented with supporting data?
- What health disparity and quality of life issues need to be considered?
- Which population(s) is (are) affected by the problem?
- What are the recent trends of this public health problem?
- What interventions are effective in solving the problem?
- What are the strengths, weaknesses, opportunities and threats related to this problem?
- Why is common action important?
- Who needs to be involved in the action?
- What system is in place now to prevent the problem and promote health?
- Where are there gaps that need to be filled?
- What components in the health system need to be mobilized?
- What will happen if the problem is not addressed? What are the societal costs?

**Suggest the Solution**

III. Recommendations (5 pages maximum)

All workgroups are facing some of the same economic and political realities (limitations) that will affect the means by which and how comprehensively each goal can be achieved. With these realities in mind, each workgroup is asked to propose several options (no more than three) for the steering committee to consider. At the Partnership symposium on September 24-25, 2003 (or soon thereafter), the Public Health Improvement Steering Committee will select from among the options to help lead a system-wide strategy for achieving each goal.

A. What are the options for solutions?

1. Use the definition of the problem (above) to inform the options proposed.

[2] Adapted from Healthy People 2010 Toolkit, Developing Priority Areas Sample Guidance to Workgroups.

2. As you approach these options, consider the applicability of each level in the multi-level model described on page 2.

3. Optimally these options should be grounded in evidence-based best practices and relevant to state and local level implementation. This includes, but is not limited to, issues requiring legislative action.

4. Use these questions as a guide for developing the options:
   - What are the expected outcomes and major milestones?
   - What are the cost and time to accomplish the goals?
   - Is there any research demonstrating that interventions are effective?
   - What are the baseline data that will allow the goals and action steps to be tracked?
   - Which organizations are willing to contribute to taking action and achieving these objectives? (Suggest who should work together and how to achieve specific outcomes.)
   - What kinds of communication in social marketing strategies and technology will be needed to reach the goals or take action?
   - Are there populations experiencing health disparities related to this goal?
   - Do any definitions or relationships need clarification?
   - Are there any specific steps necessary to address health disparities?
   - Are there any key leverage points identified by workgroup partners?

5. Consider the factors of feasibility and importance when developing the options.
   - *Feasibility* is defined as the likelihood of accomplishing the recommended strategy in the current reality (current in September 2003).
   - *Importance* is defined as having the greatest impact on the largest number of people.

B. Develop a *general* implementation plan for each option.
- Include outcome objectives for the goal, reflecting the complexity of factors inherent in the goal (only Goals A-F).
- Include process objectives to achieve the goal
- Include preferred strategies for organizing interventions to achieve each objective; and if appropriate, tasks necessary to complete strategies

TEXAS STATE STRATEGIC HEALTH PARTNERSHIP

## FORMAT INSTRUCTIONS

Please submit all electronic drafts of your report in Microsoft Word. Contact Hallie Overton (512-458-7261 or Hallie.overton@tdh.state.tx.us) if you cannot use this program.

Layout specifications

- 1" top, bottom, left, and right margins
- 12 point, Arial font
- All text 1.5-spaced
- Paragraphs blocked (no indents at start of paragraph; hard return between paragraphs)
- Prepare tables in MSWord or MSExcel. Use portrait format instead of landscape, if possible.

Please submit all electronic drafts of your report to the Office of Strategic Health Planning, Texas Department of Health. The email address is feedback.improvement@tdh.state.tx.us.